

# TOWN OF AMHERST INSPECTION SERVICES

(413) 256-4030, Fax (413) 256-4076

DIG SAFE TELEPHONE # 1-888-DIG SAFE (1-888-344-7233)

## APPLICATION TO CONSTRUCT, REPAIR, OR RENOVATE A ONE OR TWO FAMILY DWELLING

### SECTION 1 - SITE INFORMATION

#### 1.1 Property Address:

\_\_\_\_\_

#### 1.2 Assessors Map & Parcel Number:

Map # \_\_\_\_\_ Parcel # \_\_\_\_\_ Lot # (plan) \_\_\_\_\_

#### 1.3 Zoning Information:

Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_

#### 1.4 Property Dimensions:

Lot Area (sf) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_

### 1.5 Building Setbacks (ft)

FRONT YARD		SIDE YARDS		REAR YARD	
Required	Provided	Required	Provided	Required	Provided
			/		

#### 1.6 Water Supply (M.G.L.c.40 s 54)

Public ☐ Private ☐

#### 1.7 Sewage Disposal System:

Municipal ☐ On Site System ☐

#### 1.8 Flood Zone Information

Zone \_\_\_\_\_ Outside Flood Zone ☐

#### 1.9 Driveway Permit

Yes ☐ N/A ☐

#### 1.10 Storm Drainage

Yes ☐ No ☐

### SECTION 2 - DESCRIPTION OF PROPOSED WORK (check all applicable)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repairs <input type="checkbox"/>	Alteration <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Building <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____	Heating/Fuel _____		
Bldg. Size: _____ ft wide x _____ ft long	# of stories _____	# of rooms _____		

Brief Description of Proposed Work: \_\_\_\_\_  
 \_\_\_\_\_

### SECTION 3 - COSTS & FEES

#### 3.1 ESTIMATED COST

#### 3.3 FEES FOR NEW CONSTRUCTION

ITEM	EST. AMOUNT	DESCRIPTION	SQ. FT. AREA	COST	SUB-TOTAL
1. Building		a. Living Area - First Unit		X 0.55	
2. Electrical		b. Non- living areas and Cellars		X 0.35	
3. Alarm System		c. Second Unit		X 0.35	
4. Fire Protection		d. New Detached Accessory	100 SF or less	\$30.00	
5. Plumbing		e. Detached Accessory over 100 SF	(_____sf-100)	x 0.25 + \$30.00	
6. Mechanical		f. New Farm		X 0.10	
7. Total (1+2+3+4+5+6)		g. Satellite Dish (each) and Solar Panels (each set)		\$30.00	
<b>3.2 FEES FOR ALTERATIONS</b>		h. Wood stove/Chimney		\$30.00	
Total from 3.1 round up to next 1000, divide by 100 and add \$30.00		1. Swimming Pool abv. ground		\$50.00	
		Swimming Pool in-ground		\$75.00	
<b>TOTAL 3.3 (a+b+c+d+e+f+g+h+i+j) .....</b>					
<b>Total 3.2</b>		<b>3.4 Fire Dept. Fee</b>		<b>Check #:</b>	<b>Rcpt #:</b>
<b>TOTAL FEE 3.2 + 3.3:</b>		<b>RECEIPT #:</b>		<b>CHECK #:</b>	

Driveway/Water/Sewer Paid ☐ N/A ☐

**SECTION 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, # 25C (6))**

I, \_\_\_\_\_ **do hereby certify that:**  
 [ ] I am an employer providing the following workers' compensation coverage for my employees:  
 \_\_\_\_\_  
 (policy #/insurance company)  
 [ ] I am not required to have workers' compensation insurance under M.G.L. c.152, Sec.25(c)(6)

**SECTION 5a - PROPERTY OWNERSHIP**

**Owner of Record:** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name (Please Print) Telephone  
 \_\_\_\_\_  
 Current Address (Please Print) Town State Zip Code

**SECTION 5b - AUTHORIZED AGENT - To be completed when contractor is not acting as owner's agent**

**Authorized Agent:** \_\_\_\_\_  
 Name (Please Print) Signature  
 \_\_\_\_\_  
 Current Address (Please Print) Town State Zip Code Telephone

**SECTION 6 - CONSTRUCTION SERVICES****6.1 Licensed Construction Supervisor:**

\_\_\_\_\_  
 Licensed Construction Supervisor - Name (Please Print)  
 \_\_\_\_\_  
 Address (Please Print) zip code  
 \_\_\_\_\_  
 Signature Telephone

Not Required [ ]

\_\_\_\_\_  
 License Number\_\_\_\_\_  
 Expiration Date**6.2 Registered Home Improvement Contractor:**

\_\_\_\_\_  
 Company Name (Please Print)  
 \_\_\_\_\_  
 Contractor Name (Please Print)  
 \_\_\_\_\_  
 Address (Please Print) zip code  
 \_\_\_\_\_  
 Signature Telephone

Not Required [ ]

\_\_\_\_\_  
 License Number\_\_\_\_\_  
 Expiration Date**SECTION 7a - OWNER AUTHORIZATION - To Be Completed When Owners' Agent or Contractor Applies For Building Permit**

I, \_\_\_\_\_, as **Owner** of the subject Property hereby authorize  
 [Please Print]  
 \_\_\_\_\_ to act on my behalf, in all matters relative to  
 (Please Print Contractor's Name)  
 work authorized by this building permit application. \_\_\_\_\_  
 Signature of Owner

**SECTION 7b - CONTRACTOR DECLARATION (owner signs if contractor is not specified)**

I, \_\_\_\_\_, as **Contractor/Owner**, responsible for this work,  
 (Please Print) (Circle One)  
 hereby declare that the statements and information on the forgoing application are true and accurate, to the best of my knowledge and belief. **Signed under the pains and penalties of perjury.**

\_\_\_\_\_  
 Signature of Responsible Party\_\_\_\_\_  
 Date